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## PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: 3124		
Serial No. 09/839,632	Filing Date April 20, 2001	Examiner Laurie A Scheiner	Group Art Unit 1648			
In Re Application of: Lynch						
For BISPECIFIC ANTIBODIES THAT BIND TRAIL-R1 AND TRAIL-R2						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$420.00) <input type="checkbox"/> Three months of original due date (\$950.00) <input checked="" type="checkbox"/> Four months of original due date (\$1,480.00) <input type="checkbox"/> Five months of original due date (\$2,010.00) <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$86	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$290 = 0.00
Total Additional Fee for this Amendment					\$0.00	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____</p> <p>Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of 950.00. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.</p> <p>Please Send Future Correspondence To: Immunex Corporation/RNM Dept 4300, M/S 27-4-A Law Department/Amgen Inc. One Amgen Center Drive Thousand Oaks, CA 91320-1799 (805) 447-8949</p> <p> Randolph N. Mohr Attorney/Agent for Applicant(s) Registration No.: 45,590 Phone: (805) 447-8949 Date: August 4, 2004</p>						

## EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number: EV 351337991 US

Date of Deposit: August 4, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Sherry St. Andrew  
Printed Name  
Signature



**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Lynch

Serial No.: 09/839,632

Group Art Unit No.: 1648

Filed: April 20, 2001

Examiner: Laurie A Scheiner

For: BISPECIFIC ANTIBODIES THAT BIND TRAIL-R1 AND  
TRAIL-R2

Docket No.: 3124

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 11, 2004, please amend this application under 37 CFR 1.53 as follows:

**Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.**

**Remarks/Arguments begin on page 3 of this paper.**

**EXPRESS MAIL CERTIFICATE**

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Sherry St. Andrew  
Printed Name

Sherry St. Andrew  
Signature